DMH-NCHA Hospital Task Force Minutes
10-29-03

Members Present: Stanley Dodson, Mary Hill, Terry Stelle, Paul Sherwood, Patrick Jackson for Mike Shields, Mike Vicario, Don Willis, Jim Osberg

Guest:

Topic: Minutes from 9-25-03 Meeting

Discussion: Draft minutes from the September 25 meeting were approved.

Topic: LME/Provider Network Management

Discussion: Procedures for LMEs provider network management were reviewed.

Background information for provider network management was reviewed. Target populations have priority access to mh/dd/sa services. Non-target populations have access to core services which include assessment, triage, referral, and crisis. Non-target Medicaid-eligible individuals are entitled to medically-necessary services.

The NC System Reform diagram was distributed and reviewed. Basic benefit services are for non-target and Medicaid non-target populations. Enhanced benefit services for target populations are to be coordinated and authorized by LMEs. Inpatient hospitalization is included on both the Basic and Enhanced benefit lists. Screening, triage, and referral are the responsibility of the LMEs.

A memorandum from Dr. Rich Visingardi, Director of DMH/DD/SAS and Gary Fuquay, Interim Director of DMA, was reviewed.

- The memo describes the two categories of benefits, Basic and Enhanced. All services currently directly reimbursed by DMA will continue to be reimbursed by DMA. LMEs will process claims not directly reimbursed by DMA. On the Basic benefit, outpatient sessions for children up to 26 visits and 8 visits for adults will be "unmanaged". Value/Options will provide authorization for inpatient treatment. For services beyond these limits under the Basic benefit, the LMEs will provide authorization for Medicaid-eligible individuals.
- DMH/DD/SAS will develop a provider agreement template for use by the LMEs in contracting with providers.
- In order to receive referrals from LMEs and/or provide Enhanced services, providers must enroll in the LME network and bill through the LME.
- The State will establish rates for all services.

- A number of questions from the panel were answered about the contents of the memo. The memo will be made available on the DMH website, (www.dhhs.state.nc.us/mhddsas/index.html). A question and answer feature will be included to promote communication consistency.

Topic: Patient Acuity Sub-committee Report

Discussion: Mary Hill presented an update on the work of the patient acuity sub-committee. This group started with the hypothesis that changes in patient populations resulted in increased patient management requirements leading to increased costs and gaps in reimbursement.

The group sent a survey to 116 NCHA hospitals to study this issue. Several common themes were found among the responses:

- Hospital EDs are receiving more violent patients.
- More patients are being seen requiring physical isolation and higher levels of care and staffing.
- Hospitals are concerned about cost shifting due to downsizing and funds not following patients into the community.
- Very few hospitals expressed interest in expanding psychiatric bed capacity (only 3 of 40).
- More elderly and medically fragile patients are being seen who cannot be safely mixed with aggressive patients.
- Concerns were expressed about patient and staff safety.
- Concerns were expressed about transportation systems causing back-ups of patients in EDs.
- Concerns were expressed about lack of inclusion of hospitals in LME planning processes.
- There is a wait and see attitude to see if LMEs can carry out their responsibilities.

Don Willis requested that the sub-committee make specific recommendations to address the concerns raised in the survey.

Topic: Involuntary Commitment

Discussion: Mike Vicario reviewed a question raised at a recent hospital meeting regarding 1st commitment evaluation. The question was whether a respondent can be taken directly to a State hospital for the 1st commitment evaluation. Don Willis noted that according to NCGS 122C-263, the respondent is to be taken to an area facility for the 1st evaluation, not directly to the State hospital.

Topic: Local Service Procurement

Discussion: Mike Vicario inquired about the process for local hospitals to provide services under reform. Don Willis responded that reform statute requires LMEs to contract with qualified providers. If a hospital thinks contracts were not developed fairly, it should address the issue with the LME first. If not satisfied, the concern can be reported to DMH. Procurement procedures require that the RFP evaluation process be fair and reasonable. Dick Oliver, LME Team Leader, is the contact at DMH for such concerns, if any.

Topic: Mechanism to File Concerns

Discussion: Jim Osberg announced a mechanism for community hospitals to file concerns and questions to DMH concerning referrals and admissions to State hospitals. Such concerns should be sent via email to Interact.SOS@ncmail.net. This mechanism is not designed to intercede in active admission decisions but to answer questions and concerns "after the fact".

Topic: Level III and IV Group Home Funding

Discussion: A question was asked about an understanding that funding for level III and IV group homes was being pulled. Don Willis noted that the Child Mental Health Plan does call for ending utilization of level III and IV homes over time. There will be an evolutionary process by putting in place services that will reduce demand for these services.

Topic: Out of County Placements

Discussion: In response to a question, Don Willis noted that there is not a rule against placing individuals in residential services out of home county. However, relevant agencies in the home county need to be notified of the placement.

Topic: Next meeting

Discussion: The next meeting is scheduled for December 5 at the NC Hospital Center in Cary.